

ORIGINAL**In The United States Court of Federal Claims****RECEIVED****MAY 4 2012****Cover Sheet****Plaintiff(s) or Petitioner(s)**
David StebbinsOFFICE OF THE CLERK
U.S. COURT OF FEDERAL CLAIMS

If this is a multi-plaintiff case, pursuant to RCFC 20(a), please attach an alphabetized, numbered list of all plaintiffs.

Name of the attorney of record (See RCFC 83.1(c)): _____

Firm Name: _____

Post Office Box: _____

Street Address: _____

City-State-Zip: _____

Telephone & Facsimile Numbers: _____

E-mail Address: _____

123 W. Ridge St., APT D

Harrison, AR 72601

870-204-6516

stebbinsd@yahoo.com

12-289 CIs the attorney of record admitted to the Court of Federal Claims Bar? ☐ Yes ☐ NoDoes the attorney of record have a Court of Federal Claims ECF account? ☐ Yes ☒ No

If not admitted to the court or enrolled in the court's ECF system, please call (202) 357-6402 for admission papers and/or enrollment instructions.

Nature of Suit Code: **5 2 8**

Select only one (three digit) nature-of-suit code from the attached sheet.

If number 213 is used, please identify partnership or partnership group. If numbers 118, 134, 226, 312, 356, or 528 are used, please explain.

Retaliatory discriminationAgency Identification Code: **□ □ □**

See attached sheet for three-digit codes.

Amount Claimed: _____

\$ **injunctive relief**

Use estimate if specific amount is not pleaded.

Disclosure Statement:

Is a RCFC 7.1 Disclosure Statement required? ☐ Yes ☒ No

If yes, please note that two copies are necessary.

Bid Protest:

Indicate approximate dollar amount of procurement at issue: \$ _____

Is plaintiff a small business? ☐ Yes ☒ No

Vaccine Case:

Date of Vaccination: _____

Related Cases:

Is this case directly related to any pending or previous case? ☐ Yes ☒ No

If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.